## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

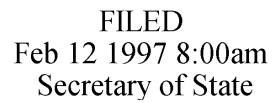
1997 DOCUMENT # L16844

(7)

**EUROGEST, INC** 

Principal	Place	of	Business	

Mailing Address





POMPANO BEA		POMPANO BEACH FL 330	X62-4932					
					3. Date Incorporated or Qualified 09/15/1989	3a. Date o		eport
2. Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number			plied For
21		26			65-0155780			t Applicable
Suite, Apt 4	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	<b>X</b> \$		Additional equired
City & State	3	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added	
Zıp	Country	Zip	Count	ry	8. This corporation has liability for i	ntangible tax	under s	. 199.032,
24	25	29	30		Florida Statutes	Yes 🔲 N	0	
	g. Name and Address of Cur	rent Registered Agent		,	10. Name and Address of New Re	gistered Age	nt	
ADAI	MS, ELIZABETH		8	1 Name	<del></del>			
	NE FIRST ST		ī	2 Street Add	ress (P.O. Box Number is Not Acceptab	le)		
POM	PANO BEACH FL 33062		Ľ			· <del>-</del> ,		
		•	E	3				
1				A City		I.	2:-	Codo
			*	4 City		FL 8	a Zip i	Code
11, Pursuant t	to the provisions of Sections 607.0	0502 and 607, 1508, Florida Statu	tes, the abo	ve-named cor	poration submits this statement for the p	urpose of cha	ingina i	s registered
office or re	egistered agent, or both, in the St m familiar with, and accept the ob	tate of Florida. Such change was	authorized	by the corpora	ition's board of directors. I hereby accep	the appoint	nent as	registered
	m ramiliar with, and accept the of	ingaruna or, aecron rouzuo, fi	ioriua dialu	00.				
SIGNATURE	Signature, typed or printed nome of registeres	Lanast and title if anningable AIO	TF Ragistaria	Ident sides as too.	ired when reinstating)	DATE		
12.		AND DIRECTORS	13.	Phore and record sector	ADDITIONS/CHANGES TO OFFIC		RECTOR	RS IN 12
TITLE	DP OF MCENS	DELETE	1,1 TITL		ADDITIONO/OFFAINGED TO OFFIC		Change	Addition
1 1	ESTNER, GERHARD	L.J VILLIL		}			Shando	الاستان ب
NAME 000001 45/10000	2721 NE FIRST ST		1.2 NAV					
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP	POMPANO BEACH FL	THE RESERVE		-ST-ZIP			01	
TITLE	DST	DELETE	21 TIFL			Ц	Change	Addition Addition
NAME	ADAMS, ELIZABETH		2 2 NAM	E J				
STREET ADDRESS	2721 NE FIRST ST		2.3 STRI	ET ADDRESS				
CITY - ST - ZiP	POMPANO BEACH FL		2.4 CIT	r-ST-ZIP				
THILE		DELETÉ	3.1 TITE	E		Ü	Change	Addition
NAME			3.2 NAM	E				
STREET ADDRESS				ET ADDRESS				
Cilir - ST - ZiP				(-ST-ZIP				
TITLE		DELETE	4.1 TITL			17	Change	Addition
NAME		C percit	4.2 NA	l l		1	- maniger	Supple Factoristics
1 1								
STREET ADDRESS				ET ADDRESS				
CITY-SI-ZIP		T DE LETE		-ST-ZIP		——————————————————————————————————————	Phana-	1 4 4 4 10
TITLE		DELETE	5.1 TITL			IJ	Change	☐ Addition
NAME			5.2 NAN	,				
STREET ADDRESS			53 STR	ET ADDRESS				
City - St - 2i2			5.4 City	-ST-ZIP				
THLE		☐ DELETE	61 TITL				Change	Addition
NAME			6.2 NAM	E I				
STREET ADDRESS				ET ADDRESS				
Ort. T2. Vid				_CT_7ID				

14. To hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**